740-NP

42A740-NP

Attach Form W-2(s), Other Supporting Statement(s) and Payment Here—Staple to Top Page Only

Check if return is: ☐ Amended (Attach





00

KENTUCKY INDIVIDUAL copy of original return.) Department of Revenue **INCOMETAX RETURN** Nonresident or Part-Year Resident For calendar year or other taxable year beginning _ , 2011, and ending $_$

A. Spouse's Social Security Number		B. Your Social Security Number							
	I I I	I I I I							
Name-	Last, First, Middle Initial (Joint or combined re	eturn, give both names and i	nitials.)						
Mailing	Address (Number and Street including Apartn	ment Number or P.O. Box)							
City, Tov	vn or Post Office	State	ZIP Code						
					POLIT	ICAL F	PARTY FUN	D	
FILING STATUS	1 ☐ Single 2 ☐ <i>Married</i> , filing joint	t return			Designating \$2 will i				
(see		arate returns. Enter sp	ouse's Social Se	curity	Democratic	A .	Spouse	B. You i (4)	rseit
instruct		d full name here			Republican	(2	· =	(5)	
					No Designation	(3	3)	(6)	
	4 Full-year nonreside	ent. I did not live in Ke	ntucky during the	e year. Enter sta	te of residence as o	of Dece	ember 31, 2	011	
RESIDE	NCY 5 Part-year resident.	Complete appropria		•					
	Moved into Kentu	•		State moved fr			·		
(check one box		of a reciprocal state w		State moved to		MI	OH VA	wv v	VI
	Tull-year resident	aries only. Circle the s			/ IL IIV	IVII	OII VA	*** *	VI
						Т	OFFICI <i>E</i>	AL USE ONL	Y
-	OMPLETE SECTIONS A, B, C AND	D ON PAGES 2 THRO	UGH 4 BEFORE (COMPLETING L	INES 7THROUGH 3	30.	1 2	3 4	5
INCOM									
7 En	ter percentage from page 4, line 36	6		> 7		%			
8 En	ter amount from page 4, line 35, Co	olumn A. This is your	Federal Adjusted	I Gross Income	······•	8			00
9 En	ter amount from page 4, line 35, Co	olumn B.This is your	Kentucky Adjust	ed Gross Incon	ne•	9			00
10 No	nitemizers: Enter \$2,240 (do not pr	rorate). Skip lines 11 a	and 12			10			00
11 Ite	mizers: Enter itemized deductions	from Kentucky Sched	ule A, Form 740-	NP • 11		00			
12 Mu	Iltiply line 11 by the percentage on	line 7		12		00			
13 Su	btract line 10 or 12 from line 9. Thi	is is your Taxable Inco	me			13			00
14 En	ter tax from Tax Table					14			00
15 En	ter amount from page 3, Section A	A, line 21				15			00
16 Su	btract line 15 from line 14					16			00
17 E	inter personal tax credit amounts	from page 3, Section	B, line 4	• 17		00			
18 Mu	Iltiply line 17 by the percentage on	n line 7		18		00			
19 Su	btract line 18 from line 16					19			00
20 Ch	eck the box that represents your to	otal family size (see in	structions for lin	es 20 and 21)	•	20	1 2 2	3 🗌	4
21 Mu	Iltiply line 19 by the Family Size Tax	x Credit decimal amo	unt (%) and er	ter here•	21			00
22 Su	btract line 21 from line 19					22			00
23 En	ter the Education Tuition Tax Credit	t from Form 8863-K			······•	23			00
24 Su	btract line 23 from line 22					24			00
25 En	ter Child and Dependent Care Cred	dit from worksheet in	the instructions		······•	25			00
26 Inc	ome Tax Liability. Subtract line 25	from line 24. If line 25	is larger than li	ne 24, enter zer	0	26			00
27 En	ter KENTUCKY USE TAX due on Ir	nternet, mail order, or	other out-of-sta	te purchases (s	ee instructions) •	27			00

Add lines 26 and 27. Enter here and on page 2, line 29.....



RE	FUND/TAX PAYMENT SUMMARY		
29	Enter amount from page 1, line 28. This is your Total Tax Liability	. • 29	00
30	(a) Enter Kentucky income tax withheld as shown on attached		
	2011 Form W-2(s) and other supporting statements	00	
	(b) Enter 2011 Kentucky estimated tax payments • 30(b)	00	
	(c) Enter 2011 refundable certified rehabilitation credit (KRS 141.382(1)(b)) • 30(c)	00	
	(d) Enter 2011 film industry tax credit (KRS 141.383)	00	
	(e) Enter Nonresident Withholding from Form PTE-WH, line 9 (KRS 141.206(4)(b)(1)) • 30(e)	00	
	Add lines 30(a) through 30(e)	-	00
	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)		00
	Nature and Wildlife Fund □ \$10 □ \$25 □ \$50 □ Other ■ 33 □ 33 □ 33 □ 33 □ 33 □	00	
	Child Victims' Trust Fund	00	
	Veterans' Program Trust Fund □ \$10 □ \$25 □ \$50 □ Other ■ 35 □ \$	00	
	Breast Cancer Research/Education Trust Fund \$10 \$25 \$50 Other • 36	00	
	Add lines 33 through 36	1	00
	Amount of line 32 to be CREDITED TO YOUR 2012 ESTIMATED TAX	- F	00
	Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU REFUND	• 39	00
	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	-	00
	(a) Estimated tax penalty and/or interest. Check if Form 2210-K attached 41(a)	00	
	(b) Interest	00	
	(c) Late payment penalty	00	
	(d) Late filing penalty	00	
42	Add lines 41(a) through 41(d). Enter here	. • 42	00
43	Add lines 40 and 42 and enter here. This is the AMOUNT YOU OWE	43	00
	Make check payable to Kentucky State Treasurer or visit www.revenue.ky.gov for more options.		OFFICIAL USE ONLY
	Write your Social Security number and "KY IncomeTax—2011" on the check.		PWR
SE	CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS		
	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	. 1	00
	Enter Kentucky small business investment credit	Г	00
	Enter skills training investment credit (attach copy(ies) of certification)		00
	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	T I	00
	Enter credit for tax paid to another state (attach copy of other state's return(s))		00
	Enter unemployment credit (attach Schedule UTC)		00
7	Enter recycling and/or composting equipment credit (attach Schedule RC)	. 7	00
8	Enter Kentucky Investment Fund credit (attach copy(ies) of certification)	. 8	00
9	Enter coal incentive credit	. 9	00
10	Enter qualified research facility credit (attach Schedule QR)	. 10	00
11	Enter GED incentive credit (attach Form DAEL-31)	. 11	00
12	Enter voluntary environmental remediation credit (attach Schedule VERB)	. 12	00
13	Enter biodiesel and renewable diesel credit	. 13	00
	Enter environmental stewardship credit		00
	Enter clean coal incentive credit	- t	00
	Enter ethanol credit (attach Schedule ETH)		00
	Enter cellulosic ethanol credit (attach Schedule CELL)		00
	Enter energy efficiency products credit (attach Form 5695-K)		00
10	Enter energy enrichency products credit (attach form 5095-N)	. 18	100



	CTION A—BUSINESS INCENTIVE AND		-	-					
	Enter railroad maintenance and impro								00
	Enter Endow Kentucky credit (attach S								00
	Add lines 1 through 20. Enter here and on page 1, line 15								100
SEC	TION B-PERSONAL TAX CREDITS	Check Reg	ular Ch	heck both if 6	5 or over C	heck both if blind			
1	(a) Credits for yourself:]			er number of	
	(b) Credits for spouse:]			es checked ne 1	
2	Dependents:		r number of endents who:						
				Depen		Check if qualifying	¬ '	endents who.	
	First name Last name			ndent's urity number	relationship to you		• liv	ed with you	
			1 1	i I				d not live with you ee instructions)	
			1	l I					
			1	1			• otl	ner dependents	
				I. I.					
	Multiply credits on line 3 by \$20. Ente	r here and o	n page 1, li	ne 17				4	
SEC Sec	Multiply credits on line 3 by \$20. Ente ETION C—FAMILY SIZETAX CREDIT (Li tion B.) name Last name	st the name		Security nur					
SEC Sec	CTION C—FAMILY SIZETAX CREDIT (Li	st the name	and Social	Security nur	mber of qualif	ying children that		imed as depende	
, th	CTION C—FAMILY SIZETAX CREDIT (Li	st the name Soc eral income es of perjury s true, corre	and Social ial Security nur	Security nur	mber of qualifiest name porting scheous	ying children that Last name dules must be att uding all accompa	are not clain	Social Security Social Security Centucky Form Edules and states le a combined re	740-NP: ments, ar
, th	ETION C—FAMILY SIZE TAX CREDIT (Lition B.) name Last name A copy of pages 1 and 2 of your feder e undersigned, declare under penalties ne best of my knowledge and belief, it is provisions of Regulation 103 KAR 17:02	st the name Soc eral income s of perjury s true, corre 20 will result	and Social ial Security nur	Security nur	mber of qualifiest name porting scheous	ying children that Last name dules must be att uding all accompa	are not clair rached to I	Social Security Social Security Centucky Form Edules and states le a combined re	740-NP: nents, ar turn und rally liab
SEC Sec First	ETION C—FAMILY SIZE TAX CREDIT (Lition B.) name Last name A copy of pages 1 and 2 of your feder e undersigned, declare under penaltien best of my knowledge and belief, it is provisions of Regulation 103 KAR 17:02 all taxes accruing under this return.	st the name Soc Peral income s of perjury s true, corre 20 will result	and Social al Security nur that I have and compinerefunds	Security nur	mber of qualifications of the streams of the stream	ying children that Last name dules must be att uding all accompa d agree that our el ointly and in each	are not clair rached to I	Social Security Social Security Kentucky Form Edules and stater le a combined regiointly and sever	740-NP ments, ar turn und rally liab

Kentucky Department of Revenue, Frankfort, KY 40619-0008.

PAYMENTS



	CTION D COME	A.Total from <i>Attached</i> Federal Return	B. Kentucky
	Enter all wages, salaries, tips, etc. (attach wage		
	and tax statements) Do not include moving expense reimbursements 1	00	00
2	Moving expense reimbursement (attach Schedule ME)	00	00
3	Interest	00	00
4	Dividends	00	00
5	Taxable refunds, credits or offsets of state and local income taxes 5	00	00
6	Alimony received	00	00
7	Business income or loss (attach federal Schedule C or C-EZ)	00	00
8	Capital gain or loss (attach federal Schedule D)	00	00
	Other gains or losses (attach federal Form 4797)	00	00
	(a) Federally taxable IRA distributions, pensions and annuities10(a)	00	00
	(b) Pension income exclusion (attach Schedule P if more than \$41,110)10(b)		(00)
11	Rents, royalties, partnerships, estates, trusts, etc. (attach federal Schedule E) 11	00	00
	Farm income or loss (attach federal Schedule F)	00	00
	Unemployment compensation (see instructions)	00	00
	Taxable Social Security benefits	00	
	Gambling winnings	00	00
10	Other income (list type and amount)	00	00
17	16	00	00
	Combine lines 1 through 16. This is your Total Income 17		
	JUSTMENTS TO INCOME	00	00
18	Educator Expenses		
19	Certain business expenses of reservists, performing artists and fee-basis government officials (attach federal Form 2106 or 2106-EZ)	00	00
20	Health savings account deduction (attach federal Form 8889) 20	00	00
21	Moving expenses (attach Schedule ME)	00	00
22	Deductible part of self-employment tax	00	00
23	Self-employed SEP, SIMPLE, and qualified plans deduction	00	00
24	Self-employed health insurance deduction	00	
25	Penalty on early withdrawal of savings	00	00
26	Alimony paid (enter recipient's name and Social Security number)		
	26	00	00
27	IRA deduction	00	00
28	Student loan interest deduction	00	00
29	Tuition and fees deduction	00	00
30	Domestic production activities deduction	00	00
31	Long-term care insurance premiums (see instructions)		00
32	Health insurance premiums (see instructions)		00
33	Other deductions (list type and amount)		
	33	00	00
34	Add lines 18 through 33. Total Adjustments to Income	00	00
	<u> </u>		
35	Subtract line 34 from line 17. This is your Adjusted Gross Income	00	00
	Divide line 35, Column B, by line 35, Column A. If amount is equal to or		
	greater than 100%, enter 100%. This is your Percentage of Kentucky		0/
	Adjusted Gross Income to Federal Adjusted Gross Income	l — — —	<u> </u>